

Hear today. Hear tomorrow.

## Notice Of Privacy Practices

### How we may use and disclose medical information about you:

The following categories describe different ways that we use and disclose protected health information we have on file. Each category of uses or disclosures provides a general explanation and offers examples. Not every use of disclosure in a category is either listed or actually in place. The explanation is provided for your general information only. Full Notice of Privacy Practices is provided.

#### Audiology care

We use previously supplied medical information about you to provide you with current or prospective treatment or services. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, or medical students, or other hearing professionals who are involved in your care. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose audiological information about you to people outside the Practice who may be involved in your auditory care including family members or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your decisions, should you become incompetent).

#### Appointment and patient recall reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may occur by phone or in writing, or may involve leaving a message on an answering machine that could potentially be received or intercepted by others.

#### Payment

We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information about treatment you received at the Practice to obtain payment or reimbursement for the care. We may also inform your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.

I acknowledge that I received a copy of The Hearing Center of Lake Charles, Inc.'s Notice of Privacy Practices.

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Signature of patient or personal representative

Date

Authorization and Release for the Use and/or Disclosure of Protected Health Information for sending you information about new technologies and services.

I authorize The Hearing Center of Lake Charles, Inc. to use/disclose my protected health information related to audiological/health-related products or services. I understand that The Hearing Center of Lake Charles, Inc. or its business associates may receive financial remuneration in exchange for sending me communication from or on behalf of the third party whose product or service is being described.

I understand that if the person/organization authorized to receive and use the information is not a health plan or health care provider, the disclosed information may no longer be protected by federal privacy regulations.

I understand that I may revoke my authorization for The Hearing Center from using and disclosing medical information for any marketing purposes by requesting a revocation form and signing and submitting said form.

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Signature of patient or personal representative

Date